



# 2005 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P96000031242</b> 1. Entity Name <b>BARRY L. JONES, L.C.S.W., P.A.</b>						<b>FILED</b> 05 OCT -7 PM 4:38 SECRETARY OF STATE TALLAHASSEE, FLORIDA <b>REINSTATEMENT</b> 05	
Principal Place of Business <b>1589-A METROPOLITAN BLVD TALLAHASSEE, FL 32308</b>				Mailing Address <b>1589-A METROPOLITAN BLVD TALLAHASSEE, FL 32308</b>			
2. Principal Place of Business <b>1621-D Metropolitan Blvd</b> Suite, Apt. #, etc. <b>D</b>		3. Mailing Address <b>1621-D Metropolitan Blvd</b> Suite, Apt. #, etc. <b>D</b>					
City & State <b>Tallahassee Florida</b>		City & State <b>Tallahassee, Florida</b>		4. FEI Number <b>59-3376231</b>		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip <b>32308</b>		Country <b>Leon</b>		Zip <b>32308</b>		Country <b>Leon</b>	
6. Name and Address of Current Registered Agent <b>JONES, BARRY L 1589-A METROPOLITAN BLVD TALLAHASSEE, FL 32308</b>				7. Name and Address of New Registered Agent Name <b>Jones, Barry L. LCSW</b> Street Address (P.O. Box Number is Not Acceptable) <b>1621-D Metropolitan Blvd</b> City <b>Tallahassee</b> <b>FL</b> Zip Code <b>32308</b>			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE: <b>Barry Jones, LCSW, PA President</b> <b>10-7-05</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After January 1, 2006, Fee will be \$300.00</b>				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>			
TITLE <b>PSTD</b> NAME <b>JONES, BARRY L</b> STREET ADDRESS <b>138 COTILLION CIRCLE</b> CITY-ST-ZIP <b>TALLAHASSEE, FL 32312</b>	<input type="checkbox"/> Delete			TITLE <b>PSTD</b> NAME <b>Jones, Barry L.</b> STREET ADDRESS <b>1621-D Metropolitan Blvd</b> CITY-ST-ZIP <b>Tallahassee, Florida 32308</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP 	<input type="checkbox"/> Delete			TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP 	<input type="checkbox"/> Delete			TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP 	<input type="checkbox"/> Delete			TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP 	<input type="checkbox"/> Delete			TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE: <b>Barry Jones LCSW PA</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<b>10-7-05</b> <small>Date</small>		<b>850.386.9313</b> <small>Daytime Phone #</small>	